

# INSTRUCTIONS: HOW TO APPLY FOR FURTHER DEFERRAL (a payment plan) OR WAIVER OF COURT FEES AND COSTS

**USE THIS PACKET only if** you have a court order that defers your court fees and costs and you have received a notice from the court telling you you must now pay your court fees and costs or file a Supplemental Application to have your court fees waived or further deferred.

- 1. WHAT COURT FEES OR COSTS ARE CHARGED?** Arizona law requires the Court to charge fees and costs when a court user files certain court papers or needs other court services. There are various fees and costs charged for different kinds of cases, depending on what you want or need to do. If this packet applies to you, you have asked the court to defer your court fees and costs and the court has done so. You will have received a notice from the court that you must now pay your court fees and/or costs, or file a Supplemental Application to further defer or waive your fees and costs.
- 2. WHO PAYS THE COURT FEES AND COSTS?** Usually the person who wants to file a certain court document, or who wants a certain court service, must pay the fees and costs at the time the filing or the service is done. At the end of the court case the judge might order that one or the other party pay all the costs and fees, which means the party who is ordered to do so must pay back the other party who already paid court fees or costs
- 3. WHAT ABOUT A PARTY WHO CANNOT PAY COURT FEES OR COSTS?**

Sometimes, for very serious reasons, a party cannot pay court fees and costs at the time of filing court papers or asking for another court service. If this happens, the party can apply for a DEFERRAL or WAIVER of court costs and fees at the beginning of the case. If this packet applies to you, you will have already received a deferral at the beginning of the case.

  - ? A WAIVER means that the party does not have financial resources to pay now and probably cannot do so in the future. Generally, waivers are only given at the end of a case. The only time you can get a waiver at the beginning of a case is if you are filing for an Order of Protection, or an Injunction against Harassment.
  - ? A DEFERRAL means that although the party cannot pay now, he or she can probably pay in the future. Because you can probably pay in the future, most often, you will get a DEFERRAL rather than a WAIVER, because everyone needs to bear his or her fair share of the court fees and costs. If at the end of your case, you meet the financial criteria and still cannot pay your court fees, you can ask the Court to waive or further defer your court fees and costs. If the court defers the court fees and costs, you will be put on a payment plan and required to pay a certain amount of money to the court each month.
- 4. COURT PAPERWORK FOR A DEFERRAL OR WAIVER OF COURT FEES AND COSTS:**
  - A. SUPPLEMENTAL APPLICATION FOR WAIVER OR FURTHER DEFERRAL OF COURT FEES AND/OR COSTS:** You must file the Supplemental Application with the Clerk of the Court. You should know that the court does not waive or further defer the court fees and costs, and if you do not pay the court fees and costs a Consent Judgment will be signed by the Judge and recorded against you. If you disagree with the court's decision regarding the Supplemental Application, you can request a hearing. In filling out the Application, check the boxes that apply to your situation as follows:
    - ? Paragraph 2. Read paragraph 2(A) to see if you receive any governmental assistance. If you do and have proof, check the box that applies to your situation and then fill out the Financial Questionnaire. If you do not receive governmental assistance or do not have proof, go to paragraph 2(B).
    - ? Paragraph 2(B). Read paragraph 2(B) to see if your income is insufficient or is barely sufficient to

meet the daily essentials of life. If you do, check the box and then fill out the Financial Questionnaire. If your income is sufficient to meet the daily essentials of life, go to paragraph 2(C).

- ? Paragraph 2(C). Read paragraph 2(C) if paragraph 2(A) and 2(B) do not apply to you. Then explain to the court why you do not have the money to pay your court fees and costs now. Then fill out the Financial Questionnaire.

**B. ORDER ON SUPPLEMENTAL APPLICATION (WITHOUT HEARING):** Do not fill out this form except for caption, which includes the name of the petitioner/plaintiff, name of the respondent/defendant and your case number. The Special Commissioner will fill out this form after he or she has reviewed your application. This form tells you whether your costs have been waived, further deferred or denied. If you do not agree with the decision of the Special Commissioner, ask the Special Commissioner for the Request for Hearing form and the Order on Supplemental Application (After Hearing).

## **5. HOW DO I APPLY FOR FURTHER DEFERRAL or WAIVER?**

- A. Complete the Supplemental Application and the caption of the Order on Supplemental Application (without hearing). **DO NOT SIGN THE Supplemental Application** until you get to the Filing Counter if you are hand-delivering the Application to the Clerk of the Court. You will be able to sign the Application at the Court when you go to the Filing Counter and avoid the cost of paying a Notary Public. You must personally appear at the court if you are asking the court to waive your court fees and costs unless it will be an extraordinary hardship for you to do so. For example, you live outside the Phoenix Metropolitan area, or you are confined to your home due to illness, and so forth. If you are asking for a further deferral (payment plan), you can mail your Supplemental Application to the court. If you are mailing your Supplemental Application to the Clerk of the Court, you will need to sign the Supplemental Application in front of a Notary Public before you mail your Supplemental Application.
- B. Take the Supplemental Application to the Clerk of Court at the court location where you filed your court papers originally on or before the date you were told to file the Supplemental Application. If you are mailing the Supplemental Application, mail it to the Clerk of the Court, Collections, 201 West Jefferson, Phoenix, Arizona 85003. Make sure the Supplemental Application gets to the Clerk of the Court on or before the date you were told to file the Supplemental Application. The Special Commissioner will review your application, determine if you qualify for further deferral or waiver, and notify you as to whether you qualify for a further deferral or waiver.
- C. If your court fees and costs are waived, that means you never have to pay the court fees and costs. If your court fees and costs are further deferred that means that you will be put on a payment plan, and you will need to pay the court a certain amount each month or a consent judgment will be signed against you. If you do not agree with the Court's decision, you can request a hearing in front of a Judge. Ask the Special Commissioner for the form Request for Hearing and Order.

**6. OTHER HELP.** If you still have questions about this procedure, you can ask a lawyer for legal advice. You can look up a lawyer in the telephone book under "attorneys." Also, the Self-Service Center has a list of lawyers who will help you help yourself. The list shows where the lawyers are located, how much they charge to look over the court papers or answer your questions, and what their experience is. Visit the Self-Service Center at the Court or on the Internet at <http://www.superiorcourt.maricopa.gov/ssc/sschome.html> to get the names of some of the lawyers on this list.

Name of Person Filing Document:  
Your Address:  
Your City, State, and Zip Code:  
Your Telephone Number:  
Your Social Security Number:  
Attorney Bar Number (if applicable):  
Representing ? Self or ? Attorney for \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

\_\_\_\_\_  
Name of Petitioner/Plaintiff.

Case Number: \_\_\_\_\_

**SUPPLEMENTAL APPLICATION FOR  
WAIVER OR FURTHER DEFERRAL  
OF COURT FEES AND COSTS**

\_\_\_\_\_  
Name of Respondent/Defendant.

STATE OF ARIZONA                    )  
COUNTY OF MARICOPA            ) <sup>ss</sup>

**STATEMENTS MADE TO THE COURT UNDER OATH.** I swear or affirm that the information in this application is true and correct. I make this statement under the penalty of prosecution for perjury if it is determined that I did not tell the truth.

I am requesting a waiver or further deferral of any unpaid fees and costs in my case.

The basis for the request is:

1. ☐ **WAIVER:** I am permanently unable to pay. My income and liquid assets are insufficient or barely sufficient to meet the daily essentials of life and unlikely to change in the foreseeable future.
2. ☐ **FURTHER DEFERRAL:**
  - ☐ a. I receive governmental assistance from the state/federal program(s) checked below:

<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> General Assistance (GA)

**If you checked either boxes 1 or 2a., you must complete the Financial Questionnaire. You must submit proof that you receive governmental assistance. If you are submitting this application by mail or a third party, you must attach a photocopy of that proof.**

**OR**

- ☐ b. My income is insufficient or is barely sufficient to meet the daily essentials of life, and includes no allotment that could be budgeted for the fees and costs that are required to gain access to the court.

**NOTE:** To determine whether income is insufficient or barely sufficient, the court will review your income and expenses. Among the factors the court may consider are:

1. Whether your gross income as computed on a monthly basis is 150% or less of the current federal poverty level. Gross monthly income includes your share of community property income if available to you.
2. Although your income is greater than 150% of the poverty level, you have proof of extraordinary expenses (including medical expenses and costs of care for elderly or disabled family members) or other expenses that the court finds are extraordinary that reduce your gross monthly income to at or below 150% of the poverty level.

**OR**

☐ c. I do not have the money to pay the court fees and costs now. I can pay the fees and costs at a later date. Explain. \_\_\_\_\_

If you checked either boxes 2b. or 2c., you must complete the Financial Questionnaire.

## FINANCIAL QUESTIONNAIRE

**SUPPORT RESPONSIBILITIES:** List all persons you support (including paying child support and spousal maintenance):

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

## STATEMENT OF INCOME AND EXPENSES

**ASSISTANCE:** I receive assistance from:

- ☐ Arizona Health Care Cost Containment System (AHCCCS)  
☐ Arizona Long Term Care System (ALTCS)  
☐ Other (explain): \_\_\_\_\_

**MONTHLY INCOME:** My monthly income is:

Monthly gross income: \$ \_\_\_\_\_  
 Employer name: \_\_\_\_\_  
 Employer address: \_\_\_\_\_  
 Employed since (month/year): \_\_\_\_\_

Other current monthly income, including spousal maintenance,  
 retirement, rental, interest, pensions, dividends,  
 scholarships, grants, royalties, lottery winnings  
 (explain amount and source): \$ \_\_\_\_\_

My spouse's monthly gross income (if available to me): \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME:** \$ \_\_\_\_\_

**MONTHLY EXPENSES AND DEBTS:** My monthly expenses and debts are:

	<b>PAYMENT AMOUNT</b>	<b>LOAN BALANCE</b>
Rent/Mortgage payment	\$ _____	\$ _____
Car payment	\$ _____	\$ _____
Credit card payments	\$ _____	\$ _____
Other payments & debts	\$ _____	\$ _____
Explain:		
Food/Household supplies	\$ _____	
Utilities/Telephone	\$ _____	
Clothing	\$ _____	
Medical/Dental/Drugs	\$ _____	
Health insurance	\$ _____	
Nursing care	\$ _____	
Laundry	\$ _____	
Child support	\$ _____	
Child care	\$ _____	
Spousal maintenance	\$ _____	
Car insurance	\$ _____	
Gasoline/Bus fare	\$ _____	
Contributions to employer or other retirement account	\$ _____	
<b>TOTAL MONTHLY PAYMENTS</b>		\$ _____

**STATEMENT OF ASSETS:** List only those assets available to you and accessible without financial penalty. Equity is defined as market value minus any liens or loans.

	<b>ESTIMATED VALUE</b>
Cash and bank accounts	\$ _____
Credit union accounts	\$ _____
Equity in:	
1. Home	\$ _____
2. Other property	\$ _____
3. Cars/other vehicles	\$ _____
Other, including stocks, bonds, etc.	\$ _____
Retirement accounts	\$ _____
<b>TOTAL ASSETS:</b>	\$ _____

**EXTRAORDINARY EXPENSES:** For example, unusual medical needs, financial hardship, costs of care of elderly or disabled family members. (Proof must be submitted.)

<b>DESCRIPTION</b>	<b>AMOUNT</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL EXTRAORDINARY EXPENSES</b>	\$ _____

**SIGNATURE UNDER PENALTY OF PERJURY**

Today's Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

\_\_\_\_\_  
**Name of Petitioner/Plaintiff.**

**Case Number:** \_\_\_\_\_

\_\_\_\_\_  
**Name of Respondent/Defendant.**

**ORDER ON SUPPLEMENTAL  
APPLICATION  
(WITHOUT HEARING)**

**A SUPPLEMENTAL APPLICATION WAS FILED.**

**THE COURT FINDS** that the applicant (print name) \_\_\_\_\_:

☐ **IS ELIGIBLE FOR A WAIVER** because

☐ The applicant is permanently unable to pay.

☐ The court exercises its discretion to grant a waiver as necessary and appropriate.  
(A.R.S. § 12-302(L))

**OR**

☐ **IS ELIGIBLE FOR FURTHER DEFERRAL** of fees and costs. **(Court must establish a schedule of payments.)**

☐ The applicant has shown good cause for further deferral.

☐ The court exercises its discretion to grant a further deferral as necessary and appropriate.  
(A.R.S. § 12-302(L))

**OR**

☐ **IS NOT ELIGIBLE FOR A WAIVER OR FURTHER DEFERRAL** of fees and costs.

**IT IS ORDERED:** (Check all boxes that apply)

☐ **WAIVER IS GRANTED** for unpaid fees and costs in the amount of \$\_\_\_\_\_.

☐ **WAIVER IS DENIED.** The applicant does not meet the financial criteria for waiver because \_\_\_\_\_  
\_\_\_\_\_. A waiver **MUST BE** granted upon proof that applicant is permanently unable to pay.

☐ **FURTHER DEFERRAL IS GRANTED** for unpaid fees and costs in the amount of \$\_\_\_\_\_.

☐ The applicant shall pay the entire amount due by \_\_\_\_\_ (date).

**OR**

☐ The applicant shall pay \$\_\_\_\_\_ each \_\_\_\_\_ (week, month etc.) until paid in full, beginning \_\_\_\_\_.

☐ **FURTHER DEFERRAL DENIED** because the applicant has not demonstrated good cause or it is not necessary or appropriate under A.R.S. § 12-302(L).

☐ **APPLICATION DENIED:**

Your application is incomplete because \_\_\_\_\_

\_\_\_\_\_  
You are encouraged to submit a complete application before a consent judgment is entered against you.

**RIGHT TO HEARING.** Unless a waiver is granted, you may request a hearing for a review of this order. The request must be made within twenty (20) days of the day this order was mailed or handed to you in court. No action for non-payment of fees and costs will be taken until the hearing is held.

**If you do NOT request a hearing, full payment is due within twenty (20) days from the day this order was mailed or handed to you in court. If full payment is not made within the time stated, a consent judgment may be entered against you for any amounts unpaid.**

**DATED:** \_\_\_\_\_

\_\_\_\_\_  
☐ **Judicial Officer**

☐ **Special Commissioner**